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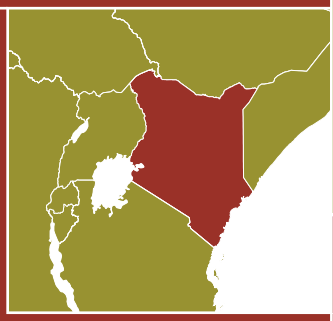
RESTRUCTURING COUNTY DEPARTMENTS OF HEALTH

MOMBASA COUNTY CASE STUDY



Brief

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Introduction

In 2013, each of Kenya's 47 newly established county governments created a county department of health (CDOH) to oversee the delivery of health services, as outlined out in Schedule IV of the 2010 Constitution. The CDOHs merged staff, roles, and functions from the former Ministry of Medical Services (MOMS), former Ministry of Public Health and Sanitation (MOPHS), and the defunct city or municipal councils. Under Kenya's previous system of government, MOMS largely focused on the management of hospitals, while MOPHS focused on the management of preventive and primary health. The former councils managed smaller municipal health facilities, conducted food safety inspections, and provided travel-related vaccinations.

To deliver health services and meet the challenge and promise of devolution, county governments require strong and accountable departments of health. As they strive to create effective governance and financing mechanisms, these departments can benefit from the experiences of other county governments. Counties have attempted to create new health management structures that provide strong organizational management. Unfortunately, many of these efforts have been weakened by political intransigence, entrenched interests, and bureaucracy. Mombasa County, however, overcame these hurdles to create a unified CDOH with defined staffing structures aimed at achieving a clear set of objectives. This brief reviews the factors that made this organizational restructuring possible.

Restructuring the Mombasa County Department of Health

Initial Challenges

With the onset of devolution in Kenya in March 2013, Mombasa County appointed a team to oversee the health function as provided by the law. The team included a County Executive Committee member for health (CEC-Health) and a chief officer of health. The

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two quickly assembled a county health management team (CHMT), comprising members from the former ministries of health and city council, to help them run the department. A county director of health was appointed by the CEC-Health as the technical leader of the CHMT.

By July 2013, the Mombasa CDOH faced three primary challenges. First, county health leadership[1] had not defined how MOMS, MOPHS, and the city council were going to merge. CHMT staff who came from these different institutions did not communicate well and continued to work in silos. As a result of these structural and communication challenges, the CHMT's various units and departments lacked coordination.

Second, the newly created CDOH suffered from internal power struggles. Some personnel alleged that leaders favored managers from the former city council. The CHMT members also disagreed about potential health investments. For example, during the development of the County Health Strategic Plan, CHMT members formerly employed at MOMS heavily supported investments in the strengthening of clinical services by establishing more health facilities. Former MOPHS staff strongly opposed this approach and instead supported health promotion and disease prevention. Additionally, non-CHMT staff of the CDOH considered the CHMT to be incompetent due to conflicting communications sent by the CHMT concerning operations, deployment of staff, and trainings.

Third, the CHMT's accountability to the county health leadership was weak and the chain of command was unclear. In one instance, CHMT technical staff did not participate in the launch of a mobile maternal outreach service, arguing that they were not invited due to a communication breakdown, and that their roles in the event were unclear. Whatever the reason, in their absence, non-technical CHMT staff were unable to answer questions about the clinic's functionality and availability. In another instance, CDOH staff members received approval from the Director of Health to participate in a training, but were later reprimanded by another official for attending the training. While still grappling with these challenges, the county experienced stockouts of essential medicines and health worker strikes. Additionally, the District Health Information System (DHIS) data showed a decline in service utilization, especially immunizations.

Photo by the Health Policy Project

Prof. Anyang Nyong'o affirms that the Kenyan ministries of health are working to ensure a smooth transition during the devolution process, which involves a shift of planning and management responsibilities for health systems to the county level after the March 2013 election.

Addressing Challenges

To respond to these challenges and restore public confidence in the management of health services, the Mombasa County government appointed a new CEC-Health and a new chief officer of health. The new CEC-Health requested assistance from the USAID- and PEPFAR-funded Health Policy Project (HPP) to streamline CDOH management structures. The CEC-Health's goal was to develop a unifying vision for Mombasa County's health sector and CDOH. She also prioritized the decentralization of management by transferring responsibilities to the sub-counties and developing a more team-oriented, flat organizational structure. Finally, the CEC-Health set out to clarify roles and responsibilities for her staff, promote

accountability, and transition the CDOH to a lean management team, focused on supporting health service providers.

The restructuring process went through a series of steps. First, HPP facilitated discussions with CDOH staff to analyze restructuring needs. The analysis revealed that:

- Managing county government health functions requires more planning, communication, and human resource management skills than the former District Health Management Teams possessed
- CHMT communicated poorly and duplicated efforts
- Under the current system, county leadership cannot hold managers accountable for poor performance

County health leadership subsequently appointed a Restructuring Technical Committee (RTC) comprising 25 individuals drawn from all health worker types, management functions, ages, genders, and decentralized units. The RTC identified core principles to guide the restructuring exercise, engaged with various Mombasa County health management structures, and implemented a new organizational structure (see Box 1).

Next, the RTC analyzed county health functions under the new legal and regulatory framework to ensure that they aligned with the principles of devolution. It also reviewed the Mombasa County Health Strategic Plan to identify key operational areas and propose new functional units and key positions needed to implement the plan. RTC then developed an organizational structure and submitted it for approval to the County Executive Committee and the County Public Service Board (CPSB), the entity with the power to create and abolish positions.

Once the CPSB approved the organizational structure, the RTC specified roles and functions of the key positions in the new structure to develop job descriptions. Each job description clarified the roles and responsibilities; key performance areas; accountability relationships; skills; knowledge, experience, and qualifications required; and the desired attributes for the position. The RTC also created new job descriptions for existing CHMT positions to avoid duplication and clarify accountability relationships and deliverables.

Box 1. Guiding Principles for Restructuring Mombasa County Department of Health

1. Reduce functional units and managers to create a lean structure
2. Focus on constitutionally assigned functions, rather than the work of individual health professionals such as nurses and doctors
3. Address the needs of specific clients such as mothers and children
4. Ensure clear lines of communication and accountability
5. Enhance effective and efficient decision making
6. Decentralize decision making to the lowest possible level

To finalize restructuring, the CHMT hired new staff, including a health economist, to lead the planning and budgeting process. It also developed a communication strategy and a change-management plan to guide explanations of health challenges to the public and to direct staff through the transition.

Factors Contributing to the Success[2] of Developing a New Organizational Structure

Organizational restructuring is complex. In Kenya's public sector, individual interests, political considerations, and other factors compete, often derailing change and negatively impacting the reforms envisioned by the restructure. By providing technical assistance to Mombasa County in restructuring its CDOH, HPP identified six critical factors for organizational restructuring. These guidelines led to

successful restructuring of Mombasa's CDOH and could guide similar efforts in other counties:

1. **Senior-level Political Will**
The impetus for Kenya's public sector reforms has historically been driven by development partners. Externally led reforms in Kenya have a history of poor institutional ownership and poor sustainability. In contrast, the CEC-Health and the chief officer for health, with support from the county governor, initiated and led the restructuring process in Mombasa County. They believed that the CDOH had be reformed in order to manage health services efficiently. Further, they communicated the need for restructuring to CDOH staff and stakeholders. Finally, throughout the organizational restructuring process, county leadership 1) held the RTC accountable for delivering a new organizational structure; 2) fostered stakeholder buy-in; 3) navigated the approval process for the new structure; and 4) secured funding for the new structure.

Box 2. Vision for Restructuring Mombasa County Department of Health

Develop a team-oriented, lean, and flat structure with clear roles and responsibilities that fosters accountability for results, while decentralizing management to the sub-counties.

2. **A Shared Vision**
Mombasa's county health leadership made considerable investments in developing a shared vision for the restructured department (Box 2). Organizational restructuring efforts fail when stakeholders do not agree on the need to restructure. Few CDOH staff associated Mombasa's health service delivery challenges with a weak organizational structure. Some blamed the county's poor health performance on leadership, cronyism, or political favoritism. In addition, CHMT staff were apprehensive about restructuring because it is often associated with job losses and shifts in budgetary authority. To address these challenges, the CEC-Health clarified the goals of restructuring: improving efficiency, assigning responsibilities, and strengthening accountability. CDOH leaders also assured the CHMT that, based on the constitutional provisions guiding devolution, staff could not lose their jobs in the transition.

3. **Comprehensive Analysis of Functions**
In Mombasa, the restructuring effort required analyzing new health functions ihen light of devolution. The RTC conducted an extensive review of the 2010 Constitution, the Mombasa Health Sector Strategic and Investment Plan, and Kenya's Vision 2030 to ucted anthe devolution punderstand the implications for a new CDOH structure. This exercise helped the CDOH identify key functions, such as the delivery of clinical and diagnostic services; financial management, human resources, and administration; and integrating gender and human rights concerns into health services and programming. These functions guided the staffing norms for the new CDOH structure. For example, the RTC agreed that the CDOH needed more staff to deliver services and fewer staff, with more specific skill sets, to manage those services. They created new "half-time" positions with both management and service delivery roles, and recruited a human resource specialist and a health economist. The function analysis also clarified expected results for each departmental unit and manager, which informed performance measures.

4. **Staff Involvement**
In Kenya, public sector restructuring is often a top-down process, led by medical doctors. The opinions of other health professionals often go unheard. To address this challenge, the RTC included representation from nurses, doctors, clinical officers, lab technicians, public health officers, and health administrators. The RTC also provided a platform for dialogue on how best to restructure the CDOH, rather than focusing on the needs of specific health professionals. Management requirements were a highlight of these discussions. For example, whether or

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Staff members from the Mombasa County Health Department participate in team-building activities to strengthen coordination for better health services.

not the head of the preventative health unit required a medical degree was a topic of debate, since the analysis showed experience in policy, management, and negotiation skills were more critical in this role than clinical skills.

5. **Consideration of Politics**
Public sector restructuring requires navigating organizational politics. The Mombasa CDOH, with HPP's guidance, mapped key players to understand the political influence they could exert on the CDOH's organizational restructuring. The department used this mapping exercise to leverage existing political support for restructuring and develop an advocacy plan to counter possible opposition. Some of the critical players identified included health professionals' unions, the CPSB, and the Cabinet. The RTC identified the nurses' union, in particular, as a critical stakeholder. Nurses form the bulk of the health workforce, and have the political power to upset reforms that they view as unfavorable. Because the CPSB controls the creation of job positions, the RTC decided to keep it informed of decisions at every stage. The county Cabinet was also a critical political player, as the new structure required additional resources for hiring additional personnel, developing and implementing a communications strategy, and other reforms.

6. **A Clear Implementation Plan**
Mombasa County's restructuring process occurred in the middle of a fiscal year. As a result, funds were not immediately available to implement the new structure. In light of this constraint, the RTC took a phased approach and prioritized three actions: 1) hire a health economist to help with planning; 2) develop a strategy to improve communication with stakeholders; and 3) mitigate implementation risks identified by the RTC. As noted earlier, trade unions representing health professionals have a great deal of power in Kenya and could

oppose the reforms. As a mitigation measure, the plan highlighted the importance of keeping lines of communication with the trade unions open while continuously clarifying the goals of the reforms. The county health leadership also tried to mitigate the possibility that CDOH staff would not support the new structure. To address this risk, county health leadership identified champions to reinforce positive messages and spearhead the implementation of the reforms.

Recommendations for Other Counties

Restructuring county health departments is an important step in the devolution process. If done well, it can align structures with new responsibilities and citizen expectations. Like any public sector reform, restructuring is complex and must be well managed, but can succeed if CDOHs follow some critical steps:

1. Demonstrate a willingness to, and a clear rationale for, reform
2. Mobilize key stakeholders around a common vision for the restructured department
3. Identify critical players in the restructuring process; analyze their motivations, goals, and influence; and develop targeted advocacy messages to promote their buy-in for the reforms
4. Create a plan for the restructuring process; it should have an open and transparent methodology, sufficient staff time, and adequate funding for logistics
5. Consider how to implement the reforms; highlight how change will be managed, and how priority activities will be funded
6. Analyze functions to clarify the requirements for new departmental units managers and inform the development of job descriptions
7. Ensure staff representation in the restructuring process
8. Open and maintain lines of communication throughout the restructuring process to ensure that stakeholders are regularly informed; this will enhance buy-in and improve chances of success in implementation

Counties facing management challenges in any sector can learn from Mombasa County's experience. With strong political will, clear implementation plans, and the engagement of diverse stakeholders, Mombasa County shows that management can be streamlined to improve health services. While the process was neither quick nor simple, and was often fraught with tension, the Mombasa CDOH now has a new structure that serves its needs.

If Kenya's experiment with devolution is to succeed, other counties must follow Mombasa County's example. They will need to mold their existing resources to suit local needs, rather than simply accepting what they receive from the national government. Two years after devolution started, this process has begun. How far it goes will depend on county leadership.

Notes

1 County health leadership refers to the CEC-Health and the chief officer of health.

2 Success is defined in this brief as the development of a new organizational structure that has stakeholder support and buy-in and is responsive to the strategic plan. Stakeholders include the entire CDOH, County Public Service Board, and County Executive Committee. HPP did not analyze post-restructuring CDOH functions, nor the health outcomes to understand the ultimate impact of these management reforms.

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